

Congressman Robert Aderholt
House of Representatives

Consent for Release of Personal Record by Executive Agencies

To Whom It May Concern:

I have sought assistance from Congressman Robert Aderholt on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974. I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Aderholt or any authorized member of his staff until this matter is resolved.

PLEASE PRINT

Name: _____

Last	First	Middle
------	-------	--------

Address: _____

Street	City	State	Zip Code
--------	------	-------	----------

Daytime Phone: (____)_____ **Evening Phone:** (____)_____

Date of Birth: ____-____-____ **Social Security Number:** ____-____-____

Type of Claim: _____ **Claim Number:** _____
(E.g., VA/Medicare/SS Disability/SSI, INS, etc.) (If Applicable)

Date Claim Filed: ____-____-____ **Office Where Claim Filed:** _____

Signature: _____ **Date:** ____ - ____ - ____

Please return this form, a written statement regarding your specific problem and **copies** of relevant materials to Congressman Aderholt's district office serving your area.

<i>Cullman District Office</i>	<i>Gadsden District Office</i>	<i>Jasper District Office</i>
102-104 Federal Building	107 Federal Building	247 Federal Building
Cullman, Alabama 35055	Gadsden, Alabama 35901	Jasper, Alabama 35501
256-734-6043	256-546-0201	205-221-2310
<i>Serving Cullman, Marshall, Blount, Lawrence and Winston</i>	<i>Serving Etowah, Cherokee and DeKalb</i>	<i>Serving Walker, Fayette, Lamar, Marion, Pickens and Franklin</i>